Ohio Campaign Finance Report

06 APR 20 PM 12: 41

Prescribed by Secretary of State 3/05

Full Name of Committee Committee		4-5		of 111			Regist	ration Numb	per, if PAC	COT
ull Name of Candidate			•	<u> </u>	7 60.72	· · · · · · · · · · · · · · · · · · ·	·			 -
Toseph C				<u> </u>		Office Sought	1 1		District	<u>-</u>
Columb		- 5+.		-,,		Canty	State OH	Zip Code	-3206	
ype of Report		Pre-Primary	g-100-100-100-100-100-100-100-100-100-10	Post-Primary	Salarani da	Pre-General	Post-G		Annual	
lace X to the left of report pe)		July Monthly		August Monthly	Service Servic	September Monthly	Termin	ation	Semiani	nual
mended Report?	No	Report Electronica	lly Filed?	Yes No	Date of	Election	0 M 5	0	20	Y 60

No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	155,522	.71
2. Total monetary contributions (From Form No. 31-A)	\$	39, 855	.00
3. Total other income (From Form No. 31-A-2)	s	201	.02
4. Total funds available (sum of lines 1, 2, 3)	\$	195,578	73
5. Total monetary expenditures (From Form No. 31-B)	\$	21,331	.36
6. Balance on hand (line 4 minus line 5)	\$	174, 247	37
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	2,400	. <i>a</i> o
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$		
9. Outstanding loans owed by committee (From Form No. 31-C)	\$		
10. Outstanding debts owed by committee (From Form No. 31-N)	\$		
11. Outstanding loans owed to committee (From Form No. 31-K)	\$		
12. Value of independent expenditures made (From Form No. 31-U)	\$		
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHO	EVER COMMITS ELECTION
FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.	4
Ross A. Chambers Treasure MChalu	4/20/06
Print Name and Title (Treasurer and Deputy Treasurer only) Signature	Date

Other

Statement of Contributions Received

Page 2

Name of Committee in Full	1. 7							
Committee for Joseph W Full Name of Contributor Contributions From Form		<u> </u>	e e	Registr	ation N	umber,	if PA	.C
Street Address	Employer	/Occupati	on/Labor Organization*	- L				Form (Cash, Check, etc.)
City	Sta	te	Zip Code	M	D 2 2	2 0		Amount 7,000.00
Full Name of Contributor Contributions From Form	, 5	3 <i>i</i> E	3	Registra	ation N	umber,	if PA	Ċ
Street Address	Employer	/Occupation	on/Labor Organization	L				Form (Cash, Check, etc.)
City	Sta	e	Zip Code	o 3	D /	Y 0	6	Amount 32, 855.00
Full Name of Contributor	,,			Registra	ition Ni	ımber,	if PA	С
Street Address	Employer	Occupation	on/Labor Organization*					Form (Cash, Check, etc.)
City	Sta	e	Zip Code	М	D	Y		Amount
Full Name of Contributor				Registra	ition Ni	ımber,	if PA	C
Street Address	Eniployer	/Occupation	on/Labor Organization*	*				Form (Cash, Check, etc.)
City	Sta	te	Zip Code	М	D	Y		Amount
Full Name of Contributor				Registra	ation N	umber,	if PA	C
Street Address	Employe	r/Occupati	on/Labor Organization*					Form (Cash, Check, etc.)
City	Sta	te	Zip Code	M	D	Y		Amount
Full Name of Contributor				Registr	ation N	umber,	if PA	AC .
Street Address	Employe	r/Occupati	ion/Labor Organization*					Form (Cash, Check, etc.)
City	Sta	te	Zip Code	М	D	Y		Amount
Full Name of Contributor				Registr	ation N	umber,	if PA	AC
Street Address	Employe	r/Occupati	ion/Labor Organization*					Form (Cash, Check, etc.)
City	Sta	te	Zip Code	M	D	``	7	Amount
Full Name of Contributor	•			Registr	ation N	lumber,	if PA	ÂC
Street Address	Employe	r/Occupati	ion/Labor Organization*	-	***			Form (Cash, Check, etc.)
City	Sta	te	Zip Code	М	D	,	7	Amount

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

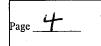
Statement of Other Income

Page 3

Name of Committee in Full		1	
Committee for Joseph V	V. Tes	te,	
Nextional City Bank Address			Registration Number, if PAC
155 E. Broad St.	Type*		M D Y Amount 0 2 1 0 0 6 5 6 08
Colombes	State 0 (-1	Zip Code 43215	Form (Cash, Check, etc.)
Full Name Notional City Bank			Registration Number, if PAC
Address 155 E. Broad St.	Type*		M D Y Amount 0 3 1 3 0 6 65.69
Colombs	State 6 1-1	Zip Code 43215	Form (Cash, Check, etc.)
Full Name National City Bank			Registration Number, if PAC
Address 155 E. Broad St. City	Type*		M D Y Amount 04/006 79.25
City Columbia	State O H	Zip Code 4325	Form (Cash, Check, etc.)
Full Name		:	Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	1		Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Туре*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name	· · · · · · · · · · · · · · · · · · ·		Registration Number, if PAC
Address	Туре*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)
Full Name			Registration Number, if PAC
Address	Type*		M D Y Amount
City	State	Zip Code	Form (Cash, Check, etc.)

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Statement of Expenditures



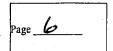
Name of Committee in Full	7 1			
Committee for Joseph W	1. lesta		M D Y	Amount
New Century Solutions Address			013006	1,500-00
5466 Cedar Bish Rd.	Purpose Consulting			w.
City	State Zip Code 0 1-1 4-32		Check Number 3 428	
To Whom Paid	0 1 432		M D Y	Amount
Mintenan Press	Purpose		013006	1,015.60
70 S. Farth St.	Printing	_		
City	State Zip Code	215	Check Number 3 4-29	
To Whom Paid	0 14 (32	,	M D Y	Amount
Cindy Hardy	Purpose	L	013006	323.87
7970 Sethwick Rd.	Reinbursen	nent-5-	pp/ies	
Del.	State Zip Code OH436		Check Number 3 430	
To Whom Paid			M D Y Y O Z O 7 O 6	390.00
850 Tuin Rives Dr.	Purpose Postase			1
Colimba	State Zip Code 432	15	Check Number 3 431	
To Whom Paid Price for Congress			M D Y O C	Amount 50 -00
145 E. Rich St.	Purpose Contribution	ø.n		
Colmbs	State Zip Code O 1-4 432		Check Number 3 432	
To Whom Paid Curtiss for Aditor			021306	Amount 75-00
Address	Purpose	l		
104 W. Main St.		<i>ک</i> م	Charl Namban	
Brenen	0 H 431		Check Number	
Mintenan Press			021306	Amount 675.36
70 S. Fa-th St.	Purpose			
City	State Zip Code 0 14 43.	215	Check Number 3434	
To Whom Paid" New Century Solutions		_	M D Y Y O C	Amount 1,500.00
Address 5466 Cedar Boh Rd.	Purpose Consultin	5		
Columbs	State Zip Code 0 1-1 4-3 2	.29	Check Number 3 4 4 3 5	

Statement of Expenditures

Page 5

Name of Committee in Full	, 7 /	
Connittee for Joseph U		M D Y Amount
Franklin County Board	of Elections	021606 80.00
280 E. Broad St.	Filing Fre	
City Columbus To Whom Paid	State Zip Code	Check Number 3 + 36
To Whom Paid Staples		M D Y Amount 022006 59.23
Address 3737 Easter Market	Purpose Spplies	
City Colombis	State Zip Code 0 1-1 4-3219	Check Number 3 43 7
To Whom Paid		M D Y Amount 022706 401.48
Victorys Address	Purpose Committee Meeting	
543 S. H.54 St.	State Zip Code	Check Number
Colomba	0 14 43215	3 438 Amount
To Whom Paid City of Dublin Address		030806 100.00
5600 Post Rs.	Purpose Parade Fee	
Dish.	State Zip Code 0 1-1 43017	Check Number 34439
To Whom Paid Bexley Lions		M D Y Amount 60.00
Address 2926 E. Marnel St.	Purpose AJ	
Columbs	State Zip Code OH 43209	Check Number
To Whom Paid	2	M D Y Amount 03 1 506 1,500 00
New Centry Soltions	Purpose	
5466 Ceder Bish Rd.	Consisting	
Colombe	State Zip Code 4-3229	Check Number
To Whom Paid Franklin County Forum		M D Y Amount 50-00
Address 1962 1 changes	Purpose Luncheon Tickets	•
City Colorate Colorat	State Zip Code 0 H 43224	Check Number 3443
To Whom Paid		M D Y Amount 032306 40.00
Address Commission	Purpose F	
SE. Los St.	State Zip Code	Check Number
Columbs	0 14 43215	3444

Statement of Expenditures



Name of Committee in Full		,	······································	
Committee for Joseph U	1. Te	s /z		
National City Bont			041006	Amount 1000
Address 155 F Board St.	Purpose S	rice Chare		
City Color he	State O F	Zip Code -(43215	Check Number	
To Whom Paid Pastmaster			M D Y O 6	Amount 390.00
Address Rives Dr.	Purpose	lage		
City	State O F	Zip Code	Check Number 3 4443	
To Whom Paid		,	M D Y	Amount
Address	Purpose		<u> </u>	: :
City	State	Zip Code	Check Number	
To Whom Paid	<u></u>		M D Y	Amount
Address	Purpose		•	
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid		,	M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose		·	
City	State	Zip Code	Check Number	
To Whom Paid "	k.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		M D Y	Amount
Address	Purpose			
City	State	Zip Code	Check Number	
		the second secon	an and a first and an array of the contract of the property of	

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 2/01

Event Date 2/22/06 Page 7

		u 0, 000.					
Name of Committee in Full		/	,				
Committee for Joseph W. Tester							
Full Name of Contributor				Registration Number, if PAC			
Steven Williford			·				
Street Address	Employer	/Occupati	ion/Labor Organization*	M D Y Amount			
5437 Columbia Rd.				022306 500.00			
City Patriskala	Sta	ŀ	Zip Code 43062	Form (Cash, Check, etc.) Check			
	0	H	7.3062				
Full Name of Contributor Marcia Majidzadeh			,	Registration Number, if PAC			
Street Address	Employer/	Occupation (Contraction Contraction Contra	on/Labor Organization*	M D Y Amount			
1244 Bayboro Dr.		γ		022306 500-00			
City	Sta		Zip Code	Form (Cash, Check, etc.)			
New Albany	0	H	43054	Check			
Full Name of Contributor				Registration Number, if PAC			
Kichard Jones	1 .			M D Y Amount			
5531 Oldwynne Rd.	Employer/	Occupation	on/Labor Organization*	022306 1,000.00			
City	Sta	te	Zip Code	Form (Cash, Check, etc.)			
Hilliand	0	1-1	43026	Check			
Full Name of Contributor	·			Registration Number, if PAC			
Educad Carey							
Street Address	Employer	/Occupati	on/Labor Organization*	M D Y Amount			
394 E. Tom St.	Employen	Осоприи	OIL EUROP O'I GATHERING	022306 1,000.00			
City	Sta	l	Zip Code	Form (Cash, Check, etc.)			
Columbes	0	1-1	43215	Check			
Full Name of Contributor			- 	Registration Number, if PAC			
Donald Falcoski							
Street Address	Employer	/Occupati	ion/Labor Organization*	M D Y Amount			
5971 Obntansy River Rd.		•		022306 1,000.00			
City	1	te	Zip Code	Form (Cash, Check, etc.)			
Worthinston	0	H	43085	Check			
Full Name of Contributor				Registration Number, if PAC			
James Vegran							
Street Address	Employer	/Occupati	ion/Labor Organization*	M D Y Amount			
6498 Class D.				022306 1,000.00			
City	Sta	te te	Zip Code	Form (Cash, Check, etc.)			
Mesterile	0	1-1	43081	Check			
Full Name of Contributor	<u>-1</u>	<u> </u>		Registration Number, if PAC			
Jeffrey Colavan							
Street Address	Employer	r/Occupat	ion/Labor Organization*	M D Y Amount			
Street Address 92 Honford St.	Limpioyei	occupat	Apor C.Bamenon	022306 1,000-00			
City	Sta	a te	Zip Code	Form (Cash, Check, etc.)			
Columbs	0	H	43206	Chock			
, , , , , , , , , , , , , , , , , , , ,							

employer should be listed. If two or more employees contribute via payroll deduction an which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]	d exceed the aggregate of \$100, t	ne iabor organization o	DI .
rill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Con	tributor state "Contributions from	form No. 31-E" and I	ist the date of the event in the date column
otal contributions this event	Total expenditures	this event.	
-424 Test			Page Total \$ 4,000.00

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 2/01

Event Date 2/22/06	
Page	

Name of Committee in Full	and W. Tank	
Full Name of Contributor Scott W. Sch. FF Street Address 503 S. Front St. City of	Tests	Registration Number, if PAC
Scott W. Schitt		
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
503 S. Front St.		0223067,000-00
City		Form (Cash, Check, etc.)
Colombis	0 4 43215	Check
Full Name of Contributor		Registration Number, if PAC
Court A U		M D Y Amount
Street Address	Employer/Occupation/Labor Organization*	
	Culu	Form (Cash, Check, etc.)
City	Sta te Zip Code	Form (Cash, Check, Cit.)
		Deliver in Number if DA C
Full Name of Contributor		Registration Number, if PAC
Street Address	T-laver/Organisis // all a Occasionis - *	M D Y Amount
Street Audress	Employer/Occupation/Labor Organization*	
City	Sta te Zip Code	Form (Cash, Check, etc.)
City	State Zip Code	
E III		Registration Number, if PAC
Full Name of Contributor		Registration Number, in The
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
Silect Address	Employer/Occupation/Labor Organization	
Cin.	Sta te Zip Code	Form (Cash, Check, etc.)
City	State Zip Code	Tom (outs, ones, or
Full Name of Contributor		Registration Number, if PAC
Full Name of Contributor		Acquisition of the control of the co
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
	Employen occupation 2000 o sgamman	
City	Stal te Zip Code	Form (Cash, Check, etc.)
-		
Full Name of Contributor		Registration Number, if PAC
Tan Ivaine of Contributor		,
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
•		
City	Stal te Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
0.100.7.441.000	Employer/Occupation Easter Organization	
City	Stal te Zip Code	Form (Cash, Check, etc.)
C.i.j		
employer should be listed. If two or more employees con which the employees are members, if any, must also appear	•	loyed, occupation rather than or organization of
Fill in the boxes below only on the last page for this event. Fransfer the Total contributions for this event to form No.	31-A. Under Full Name of Contributor state "Contributions from form	
Total contributions this event	Total expenditures this ev	ent.
	d-Stimi	Page Total \$ 1,000. 00

	<i>_</i>	
Page		

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Joseph L	V.	Tres	fe.					
Full Name of Contributor	Employer, Occupation, Labor Organization*				Registration Number, if PAC			
Name of Committee in Full Committee fer Joseph L Full Name of Contributor Jeffrey Claver Street Address 92 Hanford St.	Description Food	on of Item	or Service Bev; 2/221	Evort	M 02	D 2 2	200	Fair Market Value 2, 4-00 - 00
City	Sta	te	Zip Code 43206	,	Received			,
Full Name of Contributor		r, Occupat	ion, Labor Organization*		Registra			□ NO PAC
Street Address	Description	on of Item	or Service		М	D	Y	Fair Market Value
City	Sta	te	Zip Code		Received			g Event?
Full Name of Contributor	Employe	r, Occupat	ion, Labor Organization*		Registra	ion Nu	mber, if	PAC
Street Address	Description	on of Item	or Service		М	D	Y	Fair Market Value
City	Sta	te	Zip Code		Received YES			g Event?
Full Name of Contributor	Employe	r, Occupat	ion, Labor Organization*		Registrat	ion Nu	mber, if	PAC
Street Address	Description	on of Item	or Service		М	D	Y	Fair Market Value
City	Sta	te	Zip Code		Received			g Event?
Full Name of Contributor	Employe	r, Occupat	ion, Labor Organization*		Registra			
Street Address	Description	on of Item	or Service		М	D	Y	Fair Market Value
City	Sta	te	Zip Code		Received			g Event?
Full Name of Contributor	Employe	r, Occupat	ion, Labor Organization*		Registrat	ion Nu	mber, if	PAC
Street Address	Description	on of Item	or Service	"	М	D	Y	Fair Market Value
City	Sta	te	Zip Code		Received			g Event?
Full Name of Contributor	Employe	r, Occupat	ion, Labor Organization*		Registrat	ion Nu	mber, if	PAC
Street Address	Description	on of Item	or Service		М	D	Y	Fair Market Value
City	Sta	te	Zip Code		Received			g Event?
Full Name of Contributor	Employer, Occupation, Labor Organization*				Registra			
Street Address	Description	on of Item	or Service		М	D	Y	Fair Market Value
City	Sta	te	Zip Code		Received			g Event?

Page Total \$ 2,400.00

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received at a Social or Fund-Raising Event

Event Date 3/15/06

	Prescribed	i by Secre	etary of State 2/01				
Name of Committee in Full							
Committee for Joseph W. Testa							
Full Name of Contributor				Registration Number, if PAC			
Edwin Carr							
Street Address	Employer/	Occupati	on/Labor Organization*	M D Y Amount			
6088 Wicholas Glen				021306 75-00			
City	Sta		Zip Code	Form (Cash, Check, etc.)			
Columbis	0	H	43213	Check			
Full Name of Contributor				Registration Number, if PAC			
John Haveisen							
Street Address	Employer/	Occupation	on/Labor Organization*	M D Y Amount			
587 Fox Lane				021306 150.00			
City	Sta	te	Zip Code	Form (Cash, Check, etc.)			
Worthinston	0	J-1	43085	Check			
Full Name of Contributor				Registration Number, if PAC			
Hoden Una			_ _	Ad IN Manager			
Street Address	Employer/	Occupation	on/Labor Organization*	M D Y Amount 150.00			
266 Preston Rd.			17: 0.1	0 2 / 70 6 150.00 Form (Cash, Check, etc.)			
City	Sta	te 	Zip Code 43209	Check			
Columbis	0		73207	Registration Number, if PAC			
Full Name of Contributor Allen Shepherd				registration (value), ii 1710			
Street Address	Employer/	Occupati	on/Labor Organization*	M D Y Amount			
6295 Cosgray Rd.				021706 75.00			
City	Sta	i	Zip Code	Form (Cash, Check, etc.)			
Destin	0	1-1	43016	Check			
Full Name of Contributor				Registration Number, if PAC			
Donald Kenney				M D Y Amount			
Street Address	Employer	Occupati	ion/Labor Organization*				
470 Worthington Rd.	Cto.	ta	Zip Code	6 2 (7 0 6 7,000-00 Form (Cash, Check, etc.)			
City // 2 / A/	Sta		43082	Charles F			
Full Name of Contributor	8	H	73002	Registration Number, if PAC			
Street Address	Employer	(Occupati	ion/Labor Organization*	M D Y Amount			
$\sim 1/1$	Employen	Оссиран	oly Labor Organization	021706 10.00			
City	Sta	te	Zip Code	Form (Cash, Check, etc.)			
11 Jesto mille	0	H	43081	Check			
Full Name of Contributor				Registration Number, if PAC			
Paul Griesse							
Street Address	Employer/Occupation/Labor Organization*						
2640 North St.	Employer/Occupation/Labor Organization			021706 1000			
City	Sta	te	Zip Code	Form (Cash, Check, etc.)			
Granille	0	H	43023	Check			
<u> </u>		. '	<u> </u>	September 1987 and Tale School and			
* Required for contributions from individuals over \$100 to statewide and C	General Assemb	ly candid	ates. If contributor is self-employ	yed, occupation rather than			
employer should be listed. If two or more employees contribute via payro	ni deduction and	i exceed '	ine aggregate of \$100, the labor	Organizacion di			

Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]							
Fill in the boxes below only on t Fransfer the Total contributions Fotal contributions this event		Contributor state "Contributions from form No. 31-E" and list Total expenditures this event.	the date of the event in the date column				
	ent de tant menuna		Page Total \$ <u>1,560</u> .co				

Statement of Contributions Received at a Social or Fund-Raising Event

Event Date	3/15/06
Page //	

Prescribed by Secretary of State 2/01								
Name of Committee in Full								
Committee ter Joseph W. Testa Full Name of Contributor Registration Number, if PAC								
Blaine Sickles								
Street Address 7997 Clark Ax.	Employer/O	ccupatio	on/Labor Organization*	M D	7 0 6 25-00			
City	Sta to	,	Zip Code	Form (Cash, Ch	eck, etc.)			
Ublin	0	4	43017	Chree				
Full Name of Contributor John Steamen			•	Registration Nu	.mber, if PAC			
Street Address	Employer/O	ccupatio	on/Labor Organization*	M D	Y Amount			
3143 Walden Ravines	Stal te		Zip Code	Form (Cash, Che	06 50-00			
Colimbs	1	1-4	43221	Chec	K MARKET			
Full Name of Contributor Ocio Morcis				Registration Nu	mber, if PAC			
Street Address	Employer/O	ccupatio	on/Labor Organization*	M D D 2 1 7	Y Amount 75.00			
City	Sta te	:	Zip Code	Form (Cash, Che				
Columbis	0 1	H	43214	Chee				
Full Name of Contributor				Registration Nu	mber, ii PAC			
Street Address	Employer/O	ccupatio	on/Labor Organization*	M D	Y Amount			
2460 N. Hish St.	ļ . ,			0217	06 75-00			
City	Sta te	:	Zip Code	Form (Cash, Che				
Full Name of Contributor	0		43202	Registration Nu				
Daga Rise hart								
Street Address	Employer/O	ccupatio	on/Labor Organization*	M D	Y Amount			
395 E. Broad St.	0.1.			6217 Form (Cash, Ch	06 75-00			
City Calcan bas	State	: H	Zip Code 4-3.2.15	Chec				
Full Name of Contributor		•		Registration Nu				
Paul Loper								
Street Address 6321 E. Livinsstan Acc	Employer/O	ccupatio	on/Labor Organization*	0 2 2 1	7 Amount 100 - 00			
City Reynoldsb-	Sta to	e H	Zip Code 4306 8	Form (Cash, Ch	eck, etc.)			
Full Name of Contributor	· ·		<u></u>	Registration Nu	imber, if PAC			
Street Address	Employer/O	ccupatio	on/Labor Organization*	M D 0 2 2 0	Y Amount 30.00			
City	Sta to		Zip Code	Form (Cash, Ch				
Colombs	0	1-1	43226	Chec	人			
* Required for contributions from individuals over \$100 to statewide and Gene employer should be listed. If two or more employees contribute via payroll de					han			
which the employees are members, if any, must also appear. [R.C. 3517.10(B								

Columbs	0	1-1	43226	Check	
* Required for contributions from individuals over \$100 to statew employer should be listed. If two or more employees contribute which the employees are members, if any, must also appear. [R.4]	via payroll deduction and				
Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 31-A. U	Under Full Name of Cont	tributor stat	te "Contributions from form No.	31-E" and list the date of the	e event in the date column
Total contributions this event			Total expenditures this event		
und difficult anniques south n				Pag	ge Total \$ <u>430.</u> &
				<u> </u>	

Event Date 3/15-66 Page <u>12</u>

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 2/01

Name of Committee in Full				1000			
Committee for Joseph W. Testa							
Full Name of Contributor	. , ,	/ _ /		Registration Number, if PAC			
Margelles Kahn							
Street Address	Employer	r/Occupati	on/Labor Organization*	M D Y Amount			
165 E. Doshler Ave.			<u> </u>	022106 75.00			
City		a te	Zip Code	Form (Cash, Check, etc.)			
Columbus	0	H	43206	Registration Number, if PAC			
Full Name of Contributor Richard Stase				Registration Number, It PAC			
Street Address	Employer	r/Occupation	on/Labor Organization*	M D Y Amount			
2733 Woodgrave Dr.		·		022106 75-00			
City /	1	1 .	Zip Code	Form (Cash, Check, etc.)			
Full Name of Contributor	0	4	43123	Registration Number, if PAC			
The Continue of Co							
Street Address	Employer	/Occupation	on/Labor Organization*	M D Y Amount			
65 E. State St.		pati		0221062,500.00			
City	Sta	te .	Zip Code	Form (Cash, Check, etc.)			
Columbs	0	H	43215	Chak			
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer	/Occupation	on/Labor Organization*	M D Y Amount			
141 S. Doerel Ave.				022306 500-00			
City	1 _	a te	Zip Code	Form (Cash, Check, etc.)			
Dexley	0	1-1	43209	Registration Number, if PAC			
Full Name of Contributor The Limited PAC				CP 809			
Street Address	Employer	r/Occupati	on/Labor Organization*	M D Y Amount			
Three Limited Pking				022306 1,500.00			
City	1	a te	Zip Code 43230	Form (Cash, Check, etc.)			
Full Name of Contributor	0	1	T)130	Registration Number, if PAC			
Registration Number, if PAC							
Street Address	Employe	r/Occupati	ion/Labor Organization*	M D Y Amount			
Two Miranova Place			•	022406 2,500-00			
Colymba	St	a te	Zip Code 4326	Form (Cash, Check, etc.)			
Full Name of Contributor			1 1 3 2 3	Registration Number, if PAC			
Pat Craseck							
Street Address	Employe	r/Occupati	ion/Labor Organization*	M D Y Amount			
1000 V-lin De.			Fa. 2 .	022406 75-00			
City Colomba	St	ta te	Zip Code +32/2	Form (Cash, Check, etc.) Check			
			<u> </u>	- <u> </u>			

Fill in the boxes below only on the last page for this event.

Total contributions this event Total expenditures this event. Page Total \$ 7,225.0	Transfer the Total contributions for	or this event to form No. 31-A. Under Full Name of	of Contributor state "Contributions from form No. 31-E" and list	the date of the event in the date column
	Total contributions this event		Total expenditures this event.	
		shreighting.		Page Total \$ 7,225.00

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Event Date 3/15/06

Statement of Contributions Received at a Social or Fund-Raising Event

	Tiescribe	a by Score	etary of State 2/01					
Name of Committee in Full								
Full Name of Contributor Registration Number, if PAC								
Full Name of Contributor				Registration Number, if F.	AC			
Street Address	Employer	/Occupation	on/Labor Organization*	M D Y	Amount			
959 Maebelle Way	Employer	, occupani	on Duoor Organization	022406	2,500.00			
City	Sta	te	Zip Code	Form (Cash, Check, etc.)				
Westerille	0	H	43081	Registration Number, if Pa				
Taylor Property Develop	nen.	+ 1	tol.	Registration (variable), 11 12				
Street Address	1.		on/Labor Organization*	M D Y	Amount			
701 Morning St.	Cto	10	7in Codo	02240C Form (Cash, Check, etc.)	75-00			
Worthington	Sta	H	Zip Code 443 085	Check				
Full Name of Contributor	<u> </u>		<u> </u>	Registration Number, if PA	AC			
Nancy Taylor								
701 Morning St	Employer	Occupation	on/Labor Organization*	022406	Amount ~75-00			
City Whathing ton	Sta	te 	Zip Code 43 085	Form (Cash, Check, etc.)				
Full Name of Contributor Robert Teater				Registration Number, if Pa	AC			
Street Address	Employer	/Occupatio	on/Labor Organization*	M D Y	Amount			
286 W. Weisheimer Rd	2.11,p.0,01.	·	_	022406	150.00			
Columb-8	Sta	te —	Zip Code 43214	Form (Cash, Check, etc.)				
Full Name of Contributor Aleen Resnick	·	·		Registration Number, if Pa	AC			
Street Address 6917 Be Low Pl.	Employer	/Occupation	on/Labor Organization*	M D Y Y O 6	Amount			
City	Sta	te	Zip Code	Form (Cash, Check, etc.)				
Worthiston	0	14	43085	Check				
Full Name of Contributor Acleen Resnick				Registration Number, if P.				
Street Address 690 Betsey Pl.	Employer	/Occupation	on/Labor Organization*	022406	Amount 75-00			
City Him L	Sta	te (/	Zip Code 43085	Form (Cash, Check, etc.)				
Full Name of Contributor		1.	و - به و د	Registration Number, if P	AC			
Street Address	Employe	·/Occurati	on/Labor Organization*	M D Y	Amount			
319 Thomas Ave	Employer/Occupation/Labor Organization*			022406	50.00			
Colombes	1	te [-/	Zip Code 43206	Form (Cash, Check, etc.)				
* Required for contributions from individuals over \$100 to statewide and Gene employer should be listed. If two or more employees contribute via payroll de	ral Assemb	ly candida	ntes. If contributor is self-emplo	yed, occupation rather than				

Co10200			,		というないの情報を
employer should be listed. If two	ndividuals over \$100 to statewide and Gener or more employees contribute via payroll de s, if any, must also appear. [R.C. 3517.10(B)	duction and exceed th			than
Fill in the boxes below only on the Transfer the Total contributions for	last page for this event. this event to form No. 31-A. Under Full Nar	me of Contributor stat	e "Contributions from form No	. 31-E" and list the da	ate of the event in the date column
Total contributions this event			Total expenditures this even	t.	
	unt all feet : encourse. Seet :				Page Total \$ 3,000. ac
					L

Statement of Contributions Received at a Social or Fund-Raising Event

Event Date 3/15/06
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Proceedings by Secretary of State 2/0

Name of Committee in Full							
Committee for Joseph W. Testa							
Full Name of Contributor		Registration Number, if PAC					
Street Address		<u> </u>					
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount					
5759 Grackle Ln.		022706 150-00					
City	Sta te Zip Code	Form (Cash, Check, etc.)					
Westerille	0 H 43081	Check					
Full Name of Contributor		Registration Number, if PAC					
Dave White		•					
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount					
5554 Worcester Dr.		022706 75-00					
City	Stal te Zip Code	Form (Cash, Check, etc.)					
Colombe	0 4 43232	Check					
Full Name of Contributor		Registration Number, if PAC					
Tony Solazzo							
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount					
363 Meditation Ln.		022706 75.00					
City	Sta te Zip Code	Form (Cash, Check, etc.)					
Columbis	0 H 43235	Check					
Full Name of Contributor		Registration Number, if PAC					
Jen Mc Afac							
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount					
2145 Keltonshine Are.	Zinpo, o. Cocapanos autor o gamanos	022706 75.00					
City	Stal te Zip Code	Form (Cash, Check, etc.)					
Columbia	0 14 43229	Check					
Full Name of Contributor		Registration Number, if PAC					
San Kan							
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount					
141 E. Town St.		022706 450.00					
City	Sta te Zip Code	Form (Cash, Check, etc.)					
Columbs	0 H 43215	Check					
Full Name of Contributor		Registration Number, if PAC					
Benesch, Friedlander, Cop	la & Amost						
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount					
200 Public So.		030606 300.00					
City	Stal te Zip Code	Form (Cash, Check, etc.)					
Clare land	0 H 44114	Check					
Full Name of Contributor		Registration Number, if PAC					
Dave late-to							
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount					
5652 Oakmont Dr.	, , , , , , , , , , , , , , , , , , ,	030602 50.00					
City	Sta te Zip Code	Form (Cash, Check, etc.)					
Colmbs	0 H 43232	Check					

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column

otal contributions this event		Total expenditures this event.	
	and a Definit Annual area.		Page Total \$ 1,175.00

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received at a Social or Fund-Raising Event

Event Date 3/15/06 Page _/5

Proceedings by Secretary of State 2/01

Name of Committee in Full				
Committee for Jaseph	W	, 1.	=6 1=	
Full Name of Contributor				Registration Number, if PAC
Ted Blain				
Street Address	Employer	/Occupation	on/Labor Organization*	M D Y Amount
2295 Hiawatha Pk.				03060620.00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
Columbs	0	H_{\perp}	43211	Check
Full Name of Contributor				Registration Number, if PAC
William Dawson			<u> </u>	
Street Address	Employer	Occupation	on/Labor Organization*	M D Y Amount
5322 Castle Pines		r: "	Tay out	0 3 0 6 0 6 25.00 Form (Cash, Check, etc.)
City	Sta	١.	Zip Code 443235	
Columbs		H	てコレラン	Registration Number, if PAC
Full Name of Contributor Mark Arnold				registration, it inc
Street Address	Employer	Occupation	on/Labor Organization*	M D Y Amount
13435 Milnon Rd.				031306 150.00
City P	Sta	te	Zip Code	Form (Cash, Check, etc.)
Pickerinsten	0	H	43/47	Registration Number, if PAC
Full Name of Contributor				Registration Number, in PAC
Una Hunter	T= 1	· ·	// -1 Oiti*	M D Y Amount
4076 E. Main St.	Employer	Occupation	on/Labor Organization*	03/306 150.00
Gity Tolk E. Main St.	Sta	te	Zip Code	Form (Cash, Check, etc.)
Columbia	0	H	43/23	Check
Full Name of Contributor		<u> </u>		Registration Number, if PAC
Tom Johnston				
Street Address	Employer	/Occupati	on/Labor Organization*	M D Y Amount
7641 Chemfield Pl.				031606 150.00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
Columbus	0	14	43235	Check
Ohio Merchants Commi	Hee			Registration Number, if PAC
Street Address			on/Labor Organization*	M D Y Amount
50 W. Broad St.				0316062,000,00
City	St	te /-/	Zip Code 4-3215	Form (Cash, Check, etc.)
Full Name of Contributor		1	<u> </u>	Registration Number, if PAC
Gen PAC				0H597
	Employe	r/Occupati	ion/Labor Organization*	M D Y Amount
Street Address 50 W. Broad St.		•		031606 500.00
City	1	a te	Zip Code	Form (Cash, Check, etc.)
Colomba	0	14	43215	Check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from No. 31-E" and list the date of the event in the date column

otal contributions this event		Total expenditures this event.	
	unterliffent mundamu Sal ^{er} -		Page Total \$ 2, 995.00
			L

^{*} Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received at a Social or Fund-Raising Event

Event	Date _	3/15/06
Page_	16	

Prescribed by Secretary of State 2/01

· · · · · · · · · · · · · · · · · · ·	Prescribed by Secretary of State 2/01			
Name of Committee in Full				
Committee for Joseph W. Testa				
Full Name of Contributor				Registration Number, if PAC
Tony Frisson				
Street Address	Employer	/Occupati	on/Labor Organization*	M D Y Amount
1470 Cypesswood Ct.				031606 75-00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
Colombes	0	4	43229	Check
Full Name of Contributor				Registration Number, if PAC
B:11 Cu-lis				
Street Address	Employer	/Occupati	on/Labor Organization*	M D Y Amount
865 Macon Alley		, .		031606 75.00
City		te	Zip Code	Form (Cash, Check, etc.)
Columbs	0	H	43206	Check
Full Name of Contributor		_		Registration Number, if PAC
Van Watous				
Street Address	Employer	/Occupation	on/Labor Organization*	M D Y Amount 031606 75.00
47 Maple Dr.	ļ	,	10: 0	0 3 1 6 0 6 75-00 Form (Cash, Check, etc.)
City		te	Zip Code	
Colombs	0	H	43228	Registration Number, if PAC
Full Name of Contributor				Registration Number, if PAC
James Jaice	1			M D V Amount
Street Address	Employer	/Occupati	on/Labor Organization*	M D Y Amount 600.00
1335 Whin Kd.	1	T	17: 0.1	Form (Cash, Check, etc.)
City	_	a te	Zip Code	Form (Cash, Check, etc.)
Columbs	0	77	43215	Registration Number, if PAC
Full Name of Contributor				Registration Number, it FAC
Carl Juisher	1			M D Y Amount
Street Address	Employer	r/Occupati	ion/Labor Organization*	03/606 75.00
1169 Lenore He.			Ti- Code	Form (Cash, Check, etc.)
City / / ·		a te	Zip Code 4-3224	Form (Cash, Check, etc.)
Colombis	0	H	73224	Registration Number, if PAC
Full Name of Contributor				Registration (Author), in 1740
Peter Laihr				M D Y Amount
Street Address	Employe	r/Occupat	ion/Labor Organization*	031606 75-00
City City Color	St	ta te	Zip Code	Form (Cash, Check, etc.)
Colomba	6	H	43232	Check
Full Name of Contributor		1 .		Registration Number, if PAC
Ch - H. Llan			•	
Street Address	Emplove	r/Occupat	tion/Labor Organization*	M D Y Amount
1185 5. Galena Rd.				031606 1,000.00
City	Sı	ta te	Zip Code	Form (Cash, Check, etc.)
Contena	0	1-1	43021	Check
			_ 	to as the start to the start that the start to the start the start to the start the start to the
* Required for contributions from individuals over \$100 to statewide and Ger	ieral Assemi	bly candid	lates. If contributor is self-employed	d, occupation rather than

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation rather that employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event		Total expenditures this event.	
	- And Artificial Section 2015		Page Total \$ 1,975.00

Event Date 3/15/06

Statement of Contributions Received at a Social or Fund-Raising Event

Standard Committee in Pull				
Name of Committee in Full Committee for Joseph W. Tester				
	<u>v. </u>	1 es	72-1	Registration Number, if PAC
Full Name of Contributor				Registration Number, it FAC
James Whitacre	. <u> </u>			
Street Address	Employer	/Occupation	on/Labor Organization*	M D Y Amount
4605 Mose Rd.				031606 150:00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
Columbes	0	H	43230	Check
Full Name of Contributor				Registration Number, if PAC
Marianne Collins				
Street Address	Employer	/Occupation	on/Labor Organization*	M D Y Amount
423 Hickory Ln.				031606 200.00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
Westerille	0	1-1	43081	Check
Full Name of Contributor				Registration Number, if PAC
Melanie Hitsman				
Street Address	Employer	/Occupation	on/Labor Organization*	M D Y Amount
to Huntington National Bul	<	·		031606 1,000.00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
Columbs	0	<i> -</i> -/	43219	Check
Full Name of Contributor				Registration Number, if PAC
Crabbe Boun [James				
Street Address	Employer	/Occupati	on/Labor Organization*	M D Y Amount
500 S. Front St.				0316061,000.00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
Colombis	0	H	43215	Check
Full Name of Contributor				Registration Number, if PAC
Donald Shackelford				
Street Address	Employer	/Occupati	on/Labor Organization*	M D Y Amount
21 E. State St.				031606 1,000.00
City	St	a te	Zip Code	Form (Cash, Check, etc.)
(Columbs	0	H	43215	Check
Full Name of Contributor				Registration Number, if PAC
Jeff Educads			•	
Street Address	Employe	r/Occupati	ion/Labor Organization*	M D Y Amount
495 S. Hich St.				031606 1,000.00
City		a te	Zip Code	Form (Cash, Check, etc.)
Colmbs	0	H	43215	Check
Full Name of Contributor				Registration Number, if PAC
Caltee, Halter / breen by	orer	100	nt Fund	C00351635
Street Address	1		ion/Labor Organization*	M D Y Amount
800 Spenior Ave.				0316061,000-0
City		a te	Zip Code	Form (Cash, Check, etc.)
Cleveland	0	1-1	44114	Check
			ates. If contributor is self-emple	1

Fill in the boxes below only on the last page for this event.	the second secon		
Transfer the Total contributions for this event to form No. 31-A. Under	Full Name of Contributor state "Contributions from form	n No. 31-E" and list the date of the ex	ent in the date colum

tal contributions this event		Total expenditures this event.	
			Page Total \$ 3,350, 00
	handalan, Hagi ^{li} a		

employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 2/01

Event Date 3/15/06	
Event Date 370 100	
Page	

· · · · · · · · · · · · · · · · · · ·	Trescribed by Beereary or State			
Name of Committee in Full				
Committee for Joseph W. Tester				
Full Name of Contributor			Registration Number, if PA	vC
Phil Holdrieth	- io io i	·	M D Y	Amount
Street Address	Employer/Occupation/Labor Or	ganization	031606	150-00
507 Van Heyde Pl.				, , , , , ,
City	State Zip Code		Form (Cash, Check, etc.)	
Calmb &	0 H 43	209	Check	
Full Name of Contributor			Registration Number, if PA	
Ohio Petroleum Retailers	9 Repair		COO 139	105
Street Address	Employer/Occupation/Labor Or	monitor#	M D Y	Amount
	Employer/Occupation/Labor Of	gamzation	031606	300,00
947 E. Johnston Rd.	17. O.1	·	Form (Cash, Check, etc.)	
City	State Zip Code		roini (Casil, Check, etc.)	
bahanna	0 H 43	3230	Check	
Full Name of Contributor			Registration Number, if PA	rC ·
Thomas Tareff				•
Street Address	Employer/Occupation/Labor Or	ganization*	M D Y	Amount
	Employer occupations Endor of	6	031606	150.00
600 S. Hish St.	State Zip Code	····	Form (Cash, Check, etc.)	
City	1 1	1		
Columbs	0 H 43.	215	Check	
Full Name of Contributor			Registration Number, if Pa	vC
Done McCloud				
Street Address	Employer/Occupation/Labor Or	ganization*	M D Y	Amount
1666 Birdson Ct.	' ' '		031606	100.00
City	State Zip Code		Form (Cash, Check, etc.)	Parignal (1987)
", R/ / / /_		004	Charle	
DIACKICK	0 71 73	700	Registration Number, if Pa	C
Full Name of Contributor		ŀ	Registration Humber, it 11	
John Haveisen				
Street Address	Employer/Occupation/Labor O	rganization*	M D Y	Amount
587 Fox Lane			032006	100.00
City	Sta te Zip Code		Form (Cash, Check, etc.)	
1 1 1 m + h · · · L ·	0 H 43	085	Check	
Full Name of Contributor			Registration Number, if P	AC
$\mathbf{L} \cap \mathcal{D} I$.				
Vave Kobinson	1		M D Y	Amount
Street Address	Employer/Occupation/Labor O	rganization*		250.00
130 Northridse Kd.			032006	230.00
City	Sta te Zip Code		Form (Cash, Check, etc.)	
[Cilmbes	0 H 43	214	Check	
Full Name of Contributor	<u> </u>		Registration Number, if F	AC
Barb Stiles			ļ	
Street Address	Employer/Occupation/Labor C)rganization*	M D Y	Amount
	Emproyen Occupations Labor C	- Garitanion	03 2006	75.00
104 W. Main St.	Sta te Zip Code		Form (Cash, Check, etc.)	PRINCIPLE FOR
City	ينج اييا ا		CL L	
Dremen	04 4	3107	Cheen	
# Description from individuals over \$100 to statewide and Gen		The state of the same and seed of	soundian rather than	

Fill in the boxes below only on the last page for this event.	
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributions	outor state "Contributions from form No. 31-E" and list the date of the event in the date column

ill in the boxes below only on the ransfer the Total contributions	for this event to form No. 31-A. Under Full Name of Con	tributor state "Contributions from form No. 31-E" and li	st the date of the event in the date column
Total contributions this event		Total expenditures this event.	
	. neg eftigies:		Page Total \$ 1, 125.00

employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 2/01

	·
Event Date	3/15/06
Page <u>19</u>	

	1 10301100		cary of State 2701	
Name of Committee in Full				
Committee for Joseph	111.	1		
		1 €	-314	Registration Number, if PAC
Full Name of Contributor				TOBISHERON THEROUGH IT IT
Robert Roach				
Street Address	Employer	/Occupati	ion/Labor Organization*	M D Y Amount
530 W. Spin St.		-		032006 50.00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
] ,	43215	Chak
Colombia	0	1-1	43213	Section 19
Full Name of Contributor			•	Registration Number, if PAC
Marin Farley				
Street Address	Employer	/Occupati	on/Labor Organization*	M D Y Amount
121/20 1.10 1 1 01	2	отт-рии		032706 100-00
13430 Winchester RA.	6.	Ti.	7:- Codo	Form (Cash, Check, etc.)
City		te	Zip Code	TOTH (Cabit, Check, etc.)
1-tsh-ille	0	1-4	43/03	Check Blooking
Full Name of Contributor				Registration Number, if PAC
Street Address	F1: :	/O	an // abor Organization*	M D Y Amount
Silect Audiess	Employer	/Occupati	on/Labor Organization*	040306 10.00
2550 W. 5" He				1 _ _ _
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
Colombe	0	H	43204	Check
Full Name of Contributor	'			Registration Number, if PAC
Allen Shepherd	T			M D V Amount
Street Address	Employer	/Occupati	on/Labor Organization*	M D Y Amount 0 4 (206 525-00
6295 Cassing Rd.				
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
1 11 4/2	0	H	43016	Check
Full Name of Contributor		<u>'</u>		Registration Number, if PAC
Steven Boone				N N N N
Street Address	Employer	/Occupati	ion/Labor Organization*	M D Y Amount
1780 Welsh Hills Rd.				041206 1,000.00
City	Sta	te	Zip Code	Form (Cash, Check, etc.)
(-2011/5	0	1-1	43023	Check
Full Name of Contributor		1''		Registration Number, if PAC
Full Name of Contributor				Registration Number, it inc
Horothy Curtin				
Street Address	Employer	r/Occupati	ion/Labor Organization*	M D Y Amount
79 Kinothy 12.				041706 25-00
City	St	a te	Zip Code	Form (Cash, Check, etc.)
["]11/2 L ://2		٠. ا	43081	CL-L
WESTENIIC	0	1-1	40001	UNTCH
Full Name of Contributor				Registration Number, if PAC
1 Gree Nelson				
Street Address	Employe	r/Occupat	tion/Labor Organization*	M D Y Amount
P.O. Box 730	-		ū	0416061,000.00
City DOX 100	6.	al te	Zip Code	Form (Cash, Check, etc.)
Γ^{city}	1 _	a te	'	TOTH (Cash, Check, Stc.)
11 1agsv. 11e	0	1-1	43046	Check
* Required for contributions from individuals over \$100 to statewide and Gene	ral Assemb	ly candid	lates. If contributor is self-employ	yed, occupation rather than

employer should be listed. If two o	dividuals over \$100 to statewide and General r more employees contribute via payroll dedu, if any, must also appear. [R.C. 3517.10(B)(4)	ction and exceed the aggregate of		
ill in the boxes below only on the la ransfer the Total contributions for total contributions this event	ast page for this event. his event to form No. 31-A. Under Full Name		ons from form No. 31-E" and a	list the date of the event in the date column
Otal Contributions and Crem		24-1-1-1		
	ज्याति। -	*		Page Total \$ 2,710.00
	Spect -			

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 2/01

Event Date	3/15/06
Page 20	<u> </u>

Name of Committee in Full, Committee for Joseph	W. Testa	
Full Name of Contributor Gam Baas		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount 0418062,500.00
959 Macbelle Way City Wester.lle	Sta te Zip Code 0 1-1 4-308-1	Form (Cash, Check, etc.)
Full Name of Contributor	,	Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	Sta te Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor Total Employee Contrib	ations From Form 3	Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount 2, 810.00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	Sta te Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	Sta te Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	Sta te Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor		Registration Number, if PAC
Street Address	Employer/Occupation/Labor Organization*	M D Y Amount
City	Sta te Zip Code	Form (Cash, Check, etc.)
* Required for contributions from individuals over \$100 to statewide and employer should be listed. If two or more employees contribute via payr which the employees are members, if any, must also appear. [R.C. 3517.	oll deduction and exceed the aggregate of \$100, the labor of	
Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 31-A. Under Fu	ill Name of Contributor state "Contributions from form No	b. 31-E" and list the date of the event in the date column
Total contributions this event	Total expenditures this even	
-4-Print		Page Total \$ 5 310.0

1			
	Page	21	

Statement of Expenditures for Social or Fund-Raising Event

Prescribed by Secretary of State 2/01

and the second of the second o										
Name of Committee in Full Committee To Whom Paid		1 1		/			•			
Committee	tor Vose	on us	125	14,		14	י עו	vi	Amount	
To Whom Paid Monacos Address 4555 Cla	Palace					o 3	15	06	Amount 13, 110.	82
Address	1 . 1	Purpose	1,	6						
4555 Cla	reland Ho	2. 31	15 !	= Jent (->	pens	<u></u>			السنينين	
City		Sta	ate //	Exent Ex Zip Code 4.3231		neck N	umber			- - - 10,522
To Whom Paid			-1b			М	D	Y	Amount	
Address		Purpose			•					
City	<u> </u>	Sta	a te	Zip Code	, , ,	heck N	umber			
To Whom Paid						М	D	Y	Amount	t
		Dumoss				ļ	لــلـــــــــــــــــــــــــــــــــــ		<u> </u>	
Address		Purpose						_		
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To Whom Paid	<u> </u>		·			М	D	Y	Amount	
Address		Purpose								
		Ì							District of the last of the la	
City		St	ate	Zip Code		Check N	lumber			
To Whom Paid			<u>!</u>			M	D	Y	Атоилт	
Address		Purpose	!		<u> </u>		1	1,		
City		St	tate	Zip Code		Check N	lumber			
To Whom Paid						М	D	Y	Amount	
Address		Purpose	:							
City		S	ta te	Zip Code		Check 1	Vumber			
To Whom Paid			1			M	D	Y	Amount	is, et sit gi
Address		Purpose	e		<u>,l</u>	I I	1	<u> </u>		
#				7: 0-1-		Check 1	Number		\$200.455506	
City		S	State	Zip Code		CHECK I	MINDEL	****		
		THE RESIDENCE OF THE PARTY OF T	Charles and the Confession	and the second of the second o						

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee for Voseph W. Full Name of Contributor		
Committee to Voseph W.	105-10	nation (1) 10 10 10 10 10 10 10 10 10 10 10 10 10
Full Name of Contributor		
Gene Hinterschied Street Address		M D Y Amount
5856 Thornsate Dr.		021306 25-00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Calloway	0 H 43119	Check
Full Name of Contributor		
Teri Fowler		M D Y Amount
Street Address 7858 Initial City City		021606 50.00
1838 17's CT.	Sta te Zip Code	Form (Cash, Check, etc.)
Caral Winchester	0 H 43/10	Check
Full Name of Contributor		
Mora Aswad		
Street Address		M D Y Amount 02160650.00
852 Tanaa Dr.	Sta te Zip Code	Form (Cash, Check, etc.)
Gahama	0 H 43230	Check
Full Name of Contributor	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Gene Hinterschied		
Street Address		M D Y Amount
5856 Thomsate Dr.	0.1	02170625-00 Form (Cash, Check, etc.)
City	Sta te Zip Code O [-1 43119	Check, etc.)
Full Name of Contributor	0 17 7311 /	Linter .
Michelle Merrick		
Street Address		M D Y Amount
6454 Fox H.11 D.	Staj te Zip Code	0 3 0 6 0 6 75.00 Form (Cash, Check, etc.)
Canal Winchester	0 14 43/10	Check
Full Name of Contributor	The state of the s	
Vance Corasini		
Street Address		M D Y Amount 030606 150.00
2105 Todilec Ct	State Zin Code	0 3 0 6 0 6 75 0.00 Form (Cash, Check, etc.)
City Calcombas	Sta te Zip Code C 1-1 43 228	Cheat
		1
The above are employees of a unit or department under the direct supervision and	1 control of	, who currently holds the public office
of Covata And the I hereby affirm that each co	ntribution was voluntarily made.	
DCI. Charles (Signature of Treasurer or I	Deputy Treasurer)	

Prescribed by Secretary of State 2/01

		The second secon
Name of Committee in Full Connittee for Joseph U	1 Feel	
Full Name of Contributor	12373	
Michelle Click		
Street Address		M D Y Amount 0 3 0 6 0 6 7 5 00
5738 Blendenbrook Ln.		0 3 0 6 0 6 75-00 Form (Cash, Check, etc.)
City	Sta te Zip Code	Check
Vahana	0 H 43230	
Cene Hinterschied		
Street Address		M D Y Amount
5856 Thomsate Dr.		030706 25.00
City Callonay	State Zip Code OH 4319	Form (Cash, Check, etc.)
Full Name of Contributor	0,77	
Chris Holdwith		
Street Address		M D Y Amount
5547 Chowning Way		03140675.00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Columba	0 H 43213	Check
Full Name of Contributor Chick Coleman		
Street Address		M D Y Amount
3263 Benbrook Pond Dr	,	031406 40.00
City H11.ad	Sta te Zip Code	Form (Cash, Check, etc.) Check
Full Name of Contributor		
Chick Coleman	·	
3263 Benbrook Pond L)_	M D Y Amount 35-00
City	Stal te Zip Code	Form (Cash, Check, etc.)
Hilliand	0 4 43026	Check
Full Name of Contributor Ken Perry		
Street Address		M D Y Amount
170 Laurel Dr.		031406 150.00
City O	Sta te Zip Code	Form (Cash, Check, etc.)
Patustala	0 H 43062	Check
The above are employees of a unit or department under the direct supervision at	d control of Taseph W. Tes	, who currently holds the public office
of Carty Ad. for . I hereby affirm that each o	ontribution was voluntarily made.	
(Signature of Treasurer or	Deputy Treasurer)	

Page 24

Prescribed by Secretary of State 2/01

Name of Committee in Full	1	•
Name of Committee in Full Committee for Joseph Full Name of Contributor	W. lesta	
Full Name of Contributor		
Kinbol Strand		M D Y Amount
Street Address 5698 Freeport Ct. City		031406 75.00
City	State Zip Code	Form (Cash, Check, etc.)
Westerille Full Name of Contributor	0 1-1 43081	Check
Full Name of Contributor		
Sally Dancaski		M D Y Amount
1		031406 75-00
City D. 1	Sta te Zip Code	Form (Cash, Check, etc.)
Pickering ton Full Name of Contributor	0 H 43147	Check
Tan Hambor Commodition		
Shelley May		M D Y Amount
Street Address		031506 100.00
12283 Cleo Dr.	Sta te Zip Code	Form (Cash, Check, etc.)
1 4	0 H 43146	Check
Full Name of Contributor		
Bob Monds		
Street Address		M D Y Amount 031506 75-00
1418 Terry Dr.	Sta te Zip Code	Form (Cash, Check, etc.)
City	0 H 43068	Check
Reynolds by		
Laurie Ludlum Street Address		
		M D Y Amount
1615 andre Ct.	State Zip Code	0 3 1 5 0 6 75 00 Form (Cash, Check, etc.)
Colinbs	State Zip Code	Check
Full Name of Contributor	C A +322	
Deborch Harding		
Street Address		M D Y Amount
1164 Whitney Lo.		031506 10.06
City	Sta te Zip Code	Form (Cash, Check, etc.)
Westerville	0 H 43081	J Creak
The above are employees of a unit or department under the direct supervision an	d control of Joseph W. Te	, who currently holds the public office
	ontribution was voluntarily made.	

_(Signature of Treasurer or Deputy Treasurer)

Prescribed by Secretary of State 2/01

Name of Committee in Full	****	····			
Name of Committee in Full Connittee for Joseph Full Name of Contributor	W.TE	esta			
Full Name of Contributor					
Azatha Shialls Street Address				er Greek Street	
			M D Y	Amount	
359 Forestwood Ur.		In a .	031506	150-00	
City	State C H	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor	UPI	43230	LATER		
			5 (2) (2) (4)		
Street Address			M D Y	Amount	
6889 Lott Rd.			031506		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Sinkry	OH	43074	Check		
Full Name of Contributor					
Sharan James Street Address					
			MDY	Amount	
10823 Buckinshan Pl.	Con	7 in Code	63 1606 Form (Cash, Check, etc.)	75-00	
City Prom. 11	Sta te	Zip Code 4-3 06.5	Check, etc.)		
Full Name of Contributor		1,5005			
Ed O'Block					
Street Address			M D Y	Amount	
2259 BHerap Ln.			031606	75.00	
City	. 1	Zip Code	Form (Cash, Check, etc.)		
Crae City	OH	43123	Check		
Full Name of Contributor					
Cindi Becker	· · · · · · · · · · · · · · · · · · ·		M D V	Amount	
3046 Bretton Woods Dr.			031606	Amount 75.00	
City C	Stal te	Zip Code	Form (Cash, Check, etc.)		
Colemba	OH	1	Check		
Full Name of Contributor	- 1 . (<u> </u>			
Vicky Anthony					
Street Address			M D Y	Amount	
2591 Bryton Ur.		1=:	031606	75-00	
City P. 11	Sta te	Zip Code	Form (Cash, Check, etc.)		
1 ovell	0 4	43665	Check		
The above are employees of a unit or department under the direct supervision and control of Joseph W. Testa, who currently holds the public office					
of Canty Ad. La. I hereby affirm that each contribution was voluntarily made.					
		minarity made.			
(Signature of Treasurer or	Deputy Treasurer)				

Prescribed by Secretary of State 2/01

		The second secon
Name of Committee in Full Committee for Joseph	W. Test	
Full Name of Contributor		
Mari Kruse Street Address	·	
Street Address		M D Y Amount
1733 White Rd.		031606200-00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Goe City	0 H 43123	Check
Full Name of Contributor		
Mark Calhon		M D Y Amount
TO THE TOTAL TO THE TOTAL TOTA		031606 75-00
St41 Dorsey Dr.	Sta te Zip Code	Form (Cash, Check, etc.)
Colombs	0 4 43235	Check
Full Name of Contributor	the state of the s	
Carolin Hayer		
Street Address		M D Y Amount
2065 Wayfaring Way		031606 150-00
Reynolds by Full Name of Contributor	Sta te Zip Code	Form (Cash, Check, etc.) Check
Keynoldsburg	0 14 43068	Chech
Full Name of Contributor		
Gary Woodnad Street Address		M D Y Amount
Street Address 4665 Brixshire Dr. City		031606 75-00
City	Sta te Zip Code	Form (Cash, Check, etc.)
Hilliard	0 1-1 43026	Check
Full Name of Contributor		
Ross Chambes		
Street Address		M D Y Amount
12364 Thorosphored Lt.	Selve Zin Code	032006 150.00 Form (Cash, Check, etc.)
Pickerington	State Zip Code OH 43/47	Check
Full Name of Contributor		
Gene Historical		
Street Address		M D Y Amount 25-00
5856 Thorsate Dr.	Sta te Zip Code	0 3 20 0 € 23 - 60 Form (Cash, Check, etc.)
City Callonas	0 H 43/19	Check
<u> </u>		, who currently holds the public office
The above are employees of a unit or department under the direct supervision ar	na control of	, who currently notes the public office
and the state of t		

of Carty Active I hereby affirm that each contribution was voluntarily made.

(Signature of Treasurer or Deputy Treasurer)

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Prescribed by Secretary of State 2/01

Name of Committee in Full	Test				
Connitke for Joseph W	IEST				
Full Name of Contributor					
Julie Dixon		M D Y Amount			
Street Address		032006 50.00			
578 E. Torrence Rd.	Sta te Zip Code	Form (Cash, Check, etc.)			
Colombe	0 H 43214	Check			
Full Name of Contributor Stephanie Philpt Street Address					
Street Address	0	M D Y Amount			
14110 Lockbourne Easter	Rd.	032006 100-00			
City /	Stal te Zip Code	Form (Cash, Check, etc.)			
Ashville	0 H 43/03	Check			
Full Name of Contributor Gene Hinterschied					
Street Address		M D Y Amount			
5856 Thornseite Dr.		040306 25.00			
City	Sta te Zip Code	Form (Cash, Check, etc.)			
Calloray	0 H 43119	Check			
Full Name of Contributor					
Tony Frissora Street Address					
		M D Y Amount			
520 Preservation Ln		041206 150-00			
City	Sta te Zip Code	Form (Cash, Check, etc.)			
Cahanna	0 H 43230				
Full Name of Contributor					
Gene Hinterschied Street Address		NA Amount			
Street Address		041406 25.00			
5856 Thomsate Dr.	Shills 7:- Code	Form (Cash, Check, etc.)			
City Calloway	State Zip Code O 1—1 43/19	(heck			
Full Name of Contributor	U T311/				
Total of Pages 22 The	√27				
Street Address		M D Y Amount			
Transferred 10 torm	31-E				
City	Sta te Zip Code	Form (Cash, Check, etc.)			
The above are employees of a unit or department under the direct supervision and control of Dased W. Tes L., who currently holds the public office					
of County And ten I hereby affirm that each contribution was voluntarily made.					

___(Signature of Treasurer or Deputy Treasurer)